

[Date]

To the Parent or Guardian of [Patient Name],

Subject: Important: Flu Vaccine Reminder for [Patient Name]

It is time for [Patient Name] to receive their annual influenza (flu) vaccine. The American Academy of Pediatrics (AAP) and the CDC recommend that everyone 6 months of age and older get a flu shot every year.

The flu can be more serious for children than a common cold. Getting vaccinated is the best way to protect your child from the flu, reduce the risk of flu-related hospitalization, and prevent the spread of germs to family and friends.

Our records show that [Patient Name] has not yet received a flu vaccine for the current season. Please contact our office to schedule an appointment or to let us know if your child has already been vaccinated elsewhere.

Practice Name: [Clinic Name]

Phone Number: [Phone Number]

Office Hours: [Office Hours]

We look forward to seeing you soon and keeping your child healthy this season.

Sincerely,

[Doctor's Name/Practice Name]

[Clinic Address]